

**KITTITAS COUNTY**  
**DEPARTMENT OF PUBLIC WORKS**

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March 12, 2010

**Kittitas County Prosecutor**

MAR 15 2010

Neil Caulkins  
Kittitas County Prosecutors Office  
Ellensburg, WA 98926

**Civil Division**

RE: Claim for Damages: James H. & Carol A. Davis

Dear Mr. Caulkins,

I have reviewed the "Claim for Damages" submitted by James & Carol Davis stating damage to their vehicle due to County snow plow operations. I have researched this claim and discussed with the Kittitas County Maintenance Manager. I am recommending approval of payment of this claim.

If you have any questions or comments, please do not hesitate to contact my office.

Sincerely,

Kirk Holmes  
Director of Public Works

KH:kjc

Enc: Incident Report

Kittitas County Safety Committee  
Employee Accident Report

**1. Employee Data**

Name: John Bugni Department: Public Works Hire Date: \_\_\_\_\_  
Address: 529 CRUSSE LANE City/State/Zip: ELLENSBURG WA 98926  
Date of Birth: 08/12/1971 Male ☒ Female ☐ Shift Start Time: 7:00 AM

**2. Accident Data**

Date of Accident: 1/25/2010 Time: 10:00 ☐ Check here if time unknown.  
Location of Accident: I-90 OVERPASS ON #6 RD  
Did an Injury or Illness Occur as a Result of this Accident? Yes ☐ No ☐ If yes, please complete Section 3.  
Description of Accident: \_\_\_\_\_

List all tools & equipment being used: Dump Truck w/ snow plow  
Describe Any Equipment or Property Damage: \_\_\_\_\_

Was there any unsafe act/condition that attributed to the accident? ☐ Yes ☐ No If yes, please explain.

Was weather a factor: ☐ Yes ☐ No If yes, please explain.

Personal Protective Equipment required for the job task (please check all that apply):

☐ Hard Hat ☐ Ear plugs ☐ Gloves  
☐ Safety Glasses ☐ Boots ☐ Other \_\_\_\_\_

Was all required personal protective equipment being used? ☐ Yes ☐ No If no, please explain.

**3. Medical Data** - Kittitas County recommends employees seek medical attention in the event of workplace injury or illness.

What type of injury or illness symptoms occurred? \_\_\_\_\_  
What part of the body was affected? \_\_\_\_\_  
Was medical attention sought? ☐ Yes ☐ No Location ☐ ER ☐ Clinic Ambulance ☐ Yes ☐ No  
Name and address of Physician, Clinic, and/or Hospital: \_\_\_\_\_

Was the employee admitted to the hospital? ☐ Yes ☐ No If yes, for how long? \_\_\_\_\_  
Will it be necessary for the employee to miss work time? ☐ Yes ☐ No If yes, please submit doctor's note.  
Has a worker's compensation form been completed? ☐ Yes ☐ No

**4. Witness Data**

Name of Witness: \_\_\_\_\_  
Address/Phone: \_\_\_\_\_  
Witness Description of Accident: \_\_\_\_\_

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**5. Follow-Up Data**

Was this accident avoidable? ☐ Yes ☐ No If yes, what can be done to prevent a recurrence?

What job steps were changed on site? \_\_\_\_\_

Was a staff meeting held with regard to this accident? ☐ Yes ☐ No If yes, please attach minutes.

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Signature of Supervisor of Department Involved*

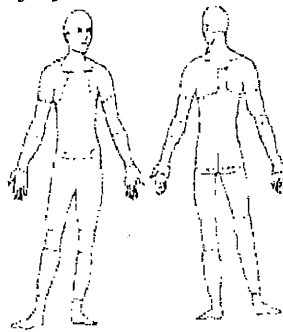
\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

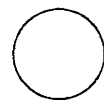
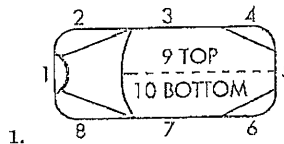
*Contact supervisor immediately after accident occurs – Forward report to Human Resource Office within 24 hours of the accident.*

**6. More Detailed Information**

Please indicate body part(s) affected by this injury or illness.

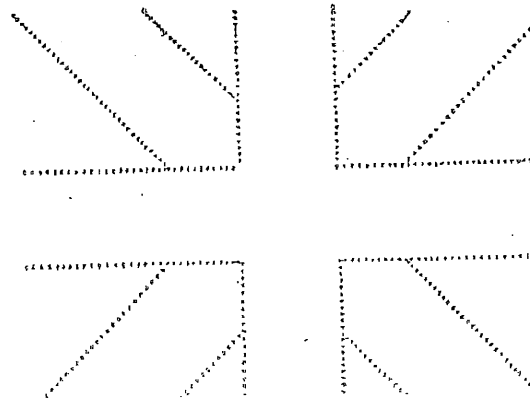


If this involved a vehicle accident, please attach a police accident report, **or** use the diagrams below to identify: 1. Damage to the vehicle; and 2. Sketch the scene of the accident, including road names, traffic signs, other vehicles or obstacles involved. Please indicate County vehicle(s) by marking with a "C", and indicate North by placing an arrow in the circle.

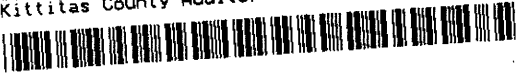


Please indicate  
North by arrow.

2.

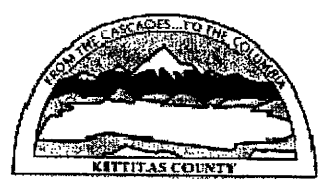


PROSECUTOR BK  
COMMISSIONERS JK  
DEPARTMENT KIS  
OFFICE JP

01/29/2010 02:21:26 PM  
\$0.00  
Claims Against County/r/s/misc  
Kittitas County Auditor  
DAVIS  
201001290037  
Page 1 of 4  


KITTITAS COUNTY CLAIM FOR DAMAGES

Return to: County Auditor  
205 W 5th, Suite 105  
Ellensburg, WA 98926



Instructions:  
Please read the entire form before completion. Fill out each question as completely as possible, to the best of your ability. Do not hesitate to use the back side of this form if you need more than the space provided. An incomplete response may delay the processing of your claim.

1. Name (Including spouse, if married): James H Davis  
Carol A. Davis

2. Phone #: (Home): 360-659-6381 (Work): ( )

3. Address (include former address if at present address for less than 6 months):  
5503 100th N.E. Marysville  
Wash. 98270

4. Date of Incident: 1-25-2010 @ about 10:00 A.M

5. Location of Incident: I-90 - west bound North Lane  
overpass between Kittitas exit and  
Yakima exit the Sheriff called it  
The # 6 Road

6. Describe in detail the defect which caused the injury: \_\_\_\_\_

7. Describe in narrative form and in detail exactly how the incident occurred: approaching

over Pass - Saw a yellow snow plow on.  
Heading South - His plow starting throwing  
slush over side and on shoulder of I-90 Temp  
was 330 OUT. I slowed down and his slash hit

8. Was claim investigated by a police officer? yes  
 Sheriff X State Patrol                      City Police                       
I talked to Sheriff  
Self stated

9. Description of claimant's vehicle: Ford Make 2006 Year

Model F-150 License No. A86724Z

10. Describe what you did after the accident occurred: Pulled over  
Vehicle drove to Ellensburg  
Exit and called 911

11. Describe the conversations you had, if any, with County personnel during or after the incident occurred: did not make contact with

anybody at scene - went to county yard  
off water st - spoke to Brandon made desk  
then to auditor dept - spoke to Judy - got form

12. Describe the damages or injuries which you sustained as a result of the incident: Then to public  
wind shield - inside rear view mirror  
mirror and elect drivers outside  
Mirror  
works by - sawe

13. What is the amount of damages claimed? (Include estimates and bills, if available):                     

14. How did you identify the County as the party responsible for your damage? yellow

snow plow same color as in  
yard on water street



15. List the names and addresses of all witnesses to the incident: Carol A. Davis  
5503 100th St N.E  
Maryville, Wash 98270

16. Are you covered by insurance? yes If yes, who is your insurance  
agent/carrier? State Farm, George Pepelnjak  
366 653 2582

Dated this 25 Day of Jan, 20 10

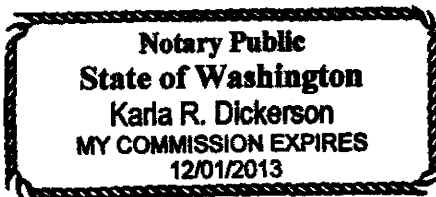
James H Davis  
Signature of Claimant

\*\*\*Notary\*\*\*

Karla R. Dickerson  
Verified signature of Claimant

Subscribed and sworn (affirmed) to before me this 10 Day of January, 20 10

Seal



Notary Public in and for the State of Washington

Residing at Asheigh - WA

01/29/2010 02:21:26 PM

\$0.00  
Claims Against County/rls/misc  
Kittitas County Auditor

201001290037

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DAVIS



Bud Barton's Glas-Co Inc,

805 CEDAR AVE.  
MARYSVILLE, WA 98270  
(360)653-9292 office

# Invoice

DATE	INVOICE #
1/26/2010	72460

BILL TO
JAMES DAVIS 5503- 100TH STREET N.E. MARYSVILLE, WA 98270

SHIP TO

PHONE #	TERMS	REP	SHIP	VIA	P.O. NUMBER	F.O.B.
			1/26/2010			

CODE	QTY	DESCRIPTION	PRICE EACH	AMOUNT
MERCHANDISE		REPLACE BROKEN WINDSHIELD		
MERCHANDISE		2006 FORD F- 150 PICK UP 2 DOOR SUPER CAB		
MERCHANDISE		DW 1529 WINDSHIELD	401.71	401.71T
MERCHANDISE		LABOR TO INSTALL	100.00	100.00T
MERCHANDISE		CLIP KIT WFS PCK 1529-04	20.34	20.34T
MERCHANDISE		URETHANE KIT TO INSTALL	20.00	20.00T
		Sales Tax	8.60%	46.62
			<b>Total</b>	\$588.67

01/29/2010 02:21:26 PM

\$0.00  
Claims Against County/rls/misc  
Kittitas County Auditor

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